

# REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Level of Play for 2017/2018 Season (check one):

AAA       AA       A       B       AE

Mustangs       MD       House league

3 on 3 Team: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Gender: \_\_\_\_\_ 3 on 3 Team Coach: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian



**Mailing Address:**  
152 Pinewood Drive  
London, ON N6J 3L2

